An Roinn Sláinte
Department of Health

National Public Health Emergency Team – COVID-19
Meeting Note – Standing Meeting

Date and Time	Thursday, 14th May 2020 (Meeting 31) at 9am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via videoconference	Dr Kevin Kelleher, Assistant National Director, Public Health, HSE Mr Liam Woods, National Director, Acute Operations, HSE Mr David Walsh, National Director, Community Operations, HSE Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) Dr Lorraine Doherty, National Clinical Director, Health Protection, HSE Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair Dr Darina O'Flanagan, Special Advisor to the NPHET Dr Mary Favier, President, Irish College of General Practitioners (ICGP) Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA Prof Colm Bergin, Consultant Physician in Infectious Diseases, St James's Hospital Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Alan Smith, Deputy Chief Medical Officer, DOH Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH Dr Siobhan O'Sullivan, Chief Bioethics Officer, DOH Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Mr Paul Bolger, Director, Resources Division, DOH Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH Ms Deirdre Watters, Communications Unit, DOH Dr Breda Smyth, Public Health Specialist, HSE Dr Jeanette McCallion, Medical Assessor, HPRA Ms Kate O'Flaherty, Head of Health and Wellbeing, DOH Dr John Cuddihy, Interim Director, HSE HPSC Mr Tom McGuinness, Assistant National Director, Office of Emergency Management, HSE Mr David Leach, Communications, HSE Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE
Apologies	Dr Colm Henry, Chief Clinical Officer (CCO), HSE
'In Attendance'	Mr Colm Ó Conaill, Policy and Strategy Division, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH Ms Aoife Gillivan, Communications Unit, DOH Ms Sarah Treleavan, NPSO, DOH Ms Laura Casey, Policy and Strategy Division, DOH Mr Ronan O'Kelly, Statistics and Analytics Service, DOH Ms Deirdre Mc Namara, Office of the Chief Clinical Officer, HSE
Secretariat	Ms Marita Kinsella, NPSO, DOH, Mr John Harding, Ms Sarah Murphy, Ms Susan Reilly, Ms Linda O'Rourke, Ms Liz Kielty, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, DOH

1. Welcome and Introductions

a) Conflict of Interest

Verbal pause and none declared.

b) Minutes of previous meeting(s)

NPHET members were updated that the preparation of minutes continues with publication of the minutes up to 21st April. Further minutes are being finalised and will be circulated for feedback and agreement.

c) Matters Arising

There were no matters arising.

2. Epidemiological Assessment

a) Update on National Data, c) Modelling Report and d) Report from Department of Health under decision framework of Roadmap for Reopening Society & Business

Due to the interconnected nature of these agenda items, they were discussed together.

The Department of Health brought to the attention of the NPHET the latest national epidemiological data which had been compiled into a report prepared in accordance with the decision-making framework set out in the *Roadmap for Reopening Society & Business.* The report updated on the–

- latest data regarding the progression of the disease,
- capacity and resilience of the health service in terms of hospital and ICU occupancy, and
- capacity of the programme of sampling, testing and contact tracing.

An overview was provided of the current status of the disease in Ireland.

Noting the ongoing epidemiological assessment, in summary, Ireland's current position was as follows:

i. the number of confirmed cases stands at 23,401 (with an average of 165 cases notified per day over the past 5 days);
ii. 458 confirmed cases in hospital today;
iii. the number of confirmed COVID-19 patients requiring critical care yesterday was 64, with a further 20 patients suspected of having COVID-19 also in critical care; 6,997 cases (30% of all cases) are associated with healthcare workers;
iv. there have been 1,497 deaths recorded to date, with 10 new deaths notified yesterday.

NPHET noted that there has been a decline in the numbers of new cases across all age groups. A decline in new cases per day in long-term residential centres is also evident. Outbreaks in other settings such as direct provision, meat processing facilities and other settings continue to show increases and are being monitored closely.

With regard to clusters and outbreaks specifically, NPHET noted–

v. the total number of clusters in residential care facilities to date has been 432;

vi. the number of confirmed cases in residential care facilities stands at 5,957 of which 4,641 are in nursing homes;

vii. that as of Saturday 9th May, there have been-

- Five COVID-19 outbreaks in prisons involving 18 cases (no cases involving prisoners),
- Three COVID-19 outbreaks involving the Roma community involving 21 cases,
- Five COVID-19 outbreaks involving the Irish Travelling community, involving 43 cases,
- Eight COVID-19 outbreaks notified in residential facilities for the homeless involving 15 cases (one of the COVID-19 outbreaks involving the Roma community),
- 12 outbreaks in Direct Provision Centres, involving 149 cases,
- 32 clusters in workplaces including 12 in meat processing plants, where 571 cases have been notified.

The NPHET also took note of the following:

- the effective Reproduction number is now estimated to be between 0.4 and 0.59;
- the daily positivity rate has been less than 5% each day for the past week;
- the influenza like illness rate (ILI rate) is 12 per 100,000 (i.e. below threshold).

In relation to health service capacity, the number of inpatients with confirmed COVID-19, number of new admissions of COVID-19 positive patients, and number of ICU patients with COVID 19 have been declining in recent weeks. It was noted that hospital occupancy will need to remain at a level that allows for surge capacity to respond to increased demand for COVID care periodically, and the current approach is to maintain occupancy at ca. 80-85%. It was further noted that some acute services are seeing high levels of demand during this period.

Sufficient testing capacity was reiterated as being critical to enable the reduction of current social distancing measures to allow effective monitoring of the impact of any public health decisions and respond to any potential re-emergence of infection. It was noted that there is now capacity across the full testing and tracing pathway for 12,500 tests per day. Turnaround times have improved significantly. In the community, the median turnaround time from referral to contact tracing completed is now 5 days. It is 3 days in hospitals. This is expected to improve in the coming weeks.

The NPHET noted that caution still needs to be maintained, as outbreaks in residential settings and certain workplaces continue to emerge, and the impact of the disease amongst healthcare workers and vulnerable groups remains concerning.

b) International Assessments

The NPHET recalled that the ECDC Rapid Risk Assessment – ninth update of the 23 April 2020 continued to be the most recent, in which it is stated that the risk of resurgence of COVID-19 remains moderate, even if public health measures are phased out gradually and accompanied by appropriate monitoring systems and capacities.

The NPHET also took note of the experiences in some countries internationally, including South Korea, Germany and China, where the easing of public health measures has been associated with an increase in cases of COVID-19 infection.

e) Epidemiology Report on COVID-19 in nursing home settings

The Health Protection Surveillance Centre (HPSC) presented a draft paper entitled "*Epidemiology of Covid-19 Outbreaks in Residential Care Facilities (RCF) in Ireland"*. This paper had been previously presented in draft form at the NPHET meeting of 12th May.

With a view to finalising the document, written technical feedback submitted from DOH following this meeting had been incorporated into the document and the document was presented to NPHET for final approval.

Action: The NPHET agreed the HSE HPSC *Epidemiology Report on COVID-19 in Residential Care Facilities (RCF) in Ireland* (14 May 2020) and approved the recommendations contained in the Report.

f) Prevalence Studies (SCOPI)

The HPSC updated NPHET on the planned national sero-prevalence study to commence in the coming weeks, now that funding had been approved. Communications regarding the studies would require planning and support to ensure that there is a high response rate and good participation in the initial study, which will take place in Dublin and Sligo.

Action: The NPHET approved the HSE's proposal to undertake a population sero-prevalence study to be carried out by the HPSC and NVRL, in collaboration with the Central Statistics Office and Department of Health, to investigate COVID-19 infection in the Irish population (SCOPI) so as to estimate population age-specific immunity or past exposure to SARS-CoV-2.

3. Expert Advisory Group

The Chair of the Expert Advisory Group (EAG) gave an update regarding the advice of the EAG at its most recent meeting on Wednesday 13th May as follows:

(i) *For those individuals with COVID-19 who have made a complete clinical recovery from their illness, who are at least 14 days from symptom onset, and who have had no fever for 5 days, the requirement for repeat testing, to demonstrate that RNA is not detected, has been removed*,*
   - This is in light of current evidence suggesting that viable virus (as against viral RNA) has not been retrieved from respiratory samples in individuals after day 9 of illness;

(ii) *Immunocompromised individuals with COVID-19 can be moved out of isolation 14 days from onset of symptoms, provided they have made a complete clinical recovery, are symptom-free, and have had no fever for 5 days*;*

These measures should facilitate the efficient transfer and discharge of patients as appropriate to their clinical management.

There are certain situations where testing to ensure viral clearance after 14 days may be useful and clinical discretion may be used to determine when a "SARS CoV 2 RNA Not Detected" result for a particular patient may be helpful. For example, in patients with subtle or atypical symptoms (in particular older patients), those who might not mount a fever (immunocompromised patients), or those who might not be able to communicate effectively (patients with dementia), repeat testing may be of use. If repeat testing is performed at this time, as a secondary consideration, and a general principle, high or increasing Ct values in the absence of clinical symptoms, are unlikely to indicate infectiousness.*

***Ct value of ≥ 34 has been reported in the literature, but this threshold is likely to vary between institutions, so discussion with an infection specialist (ID, Micro, Virol) is recommended.*

DOH noted that these recommendations would aid in the transfer and discharge of patients from acute hospital settings. It was acknowledged that effective communications would be needed to ensure that healthcare staff in all settings were made quickly aware of these new recommendations, in light of evolving understanding of the disease.

Action: The NPHET accepted the advice of the Expert Advisory Group (EAG) from its meeting of 13th May 2020 in relation to the following:

(i) For those individuals with COVID-19 who have made a complete clinical recovery from their illness, who are at least 14 days from symptom onset, and who have had no fever for 5 days, the requirement for repeat testing, to demonstrate that RNA is not detected, has been removed.

(ii) Immunocompromised individuals with COVID-19 can be moved out of isolation 14 days from onset of symptoms, provided they have made a complete clinical recovery, are symptom-free, and have had no fever for 5 days.

The HPSC is to update and publish its guidance and the HSE is to implement accordingly.

4. Review of Existing Policy

a) Personal Behaviours & Social Distancing

The Department updated NPHET, noting the data on high compliance levels with the current public health social distancing measures. Furthermore, a report published by the ERSI indicates that public expectations are for a slow reduction of the measures, with solidarity strong in the community.

b) Sampling, Testing, Contact Tracing and CRM reporting

(i) Targeted Use of Testing Capacity-Strategy

The HSPC updated NPHET that a paper is being prepared, as mentioned at previous meetings, with further discussions to take place in the HSE in the coming days. A draft paper is to be submitted for consideration at the NPHET meeting of 22nd May 2020.

(ii) Testing of asymptomatic close contacts

DoH presented a draft paper on **"**Testing of Asymptomatic Close Contacts" for decision which set out the case for the testing of asymptomatic close contacts of positive COVID-19 patients.

The paper set out the ECDC guidance that immediately after a confirmed or probable case has been identified one of the options listed as regards contact tracing for public health authorities includes arranging for testing of asymptomatic close contacts where resources allow for SARS-CoV-2. DOH noted that certain other EU countries are testing asymptomatic close contacts with the intention of early interruption of the change of transmission.

The paper outlined three possible approaches to testing of asymptomatic close contacts for NPHET to consider. It was acknowledged that whatever approach is adopted, it would have to be kept under close review and quickly adapted to avoid any unintended consequences, should they arise.

The following points were discussed:

- the need, from a public health perspective, for prompt identification and management of the contacts of COVID-19 cases making it possible to rapidly identify secondary cases that may arise after transmission from the primary or index case, enabling the interruption of further onward transmission;
- importance of ensuring that self-isolation remains the advice for close contacts, noting however, the overall impact and fatigue for individuals particularly where they have had a number of periods of self-isolation as this continues into the medium term;
- concern about the utility of a negative test result and in particular the desire that may exist for asymptomatic close contacts to get a negative test result so that they can avoid self-isolation;
- concern about the inappropriate "assurance" that may be derived by members of the public from having a test;
- the need to model the capacity and impact within the overall testing programme.

Following these discussions, the below action was agreed.

Action: NPHET recommends that the HSE should commence the testing of close contacts of confirmed cases of COVID-19 (including asymptomatic close contacts)–

(i) as soon as they are identified as a close contact, and

(ii) on day 7 after their last contact with the index case.

This should occur concomitantly with the commencement of Phase 1 reduction of measures. The HSE is to put in place operational arrangements that include ensuring these testing samples are 'tagged' as close contacts to enable the tracking and reporting of their outcomes through the CRM and CIDR information systems. The HPSC is to update the relevant public health guidance.

NPHET also discussed the matter of whether guidance should be issued to suspect cases regarding the need for their household and close contacts to restrict their movements until such time as the suspect case is confirmed or otherwise. It was agreed that this matter would be discussed further at a later NPHET meeting.

c) Setting and cohort specific updates

A draft paper '*Overview of the health system response to long-term residential healthcare settings to date*' was first presented at the NPHET meeting on Tuesday 12th May. NPHET members had provided feedback and any further additional feedback was sought by Friday 15th May with a view to bringing a final paper to the NPHET meeting on Friday 22nd May 2020.

Establishment of an Expert Independent Panel in relation to Nursing Homes

In recognition that there is an expected ongoing COVID-19 impact over the next 6 to 18 months, the NPHET noted the importance of real-time learning and a forward-looking approach for this sector.

The establishment of an expert panel to provide immediate real-time learnings through examination of national and international measures for nursing homes was discussed. Members noted that, based on the unique nature of the nursing home environment, there are opportunities for social care learning across areas such as end of life care, safeguarding, regulation, resilience of service delivery, service delivery models, and resident and family welfare. It was therefore recommended that an expert panel be established by the Department of Health and report to the Minister for Health. This expert panel would be asked to set out emerging best international practice and recommendations to ensure that all protective COVID-19 public health and other measures in respect of nursing home residents are planned for and in place in light of the expected ongoing COVID-19 risk and impact over the next 6-18 months.

The issue of the visiting restrictions at nursing homes was raised and the challenges associated with restrictions both from a public health perspective and from the perspectives of safeguarding and the wellbeing of residents. The HSE indicated that it is working on a paper for NPHET with regard to a phased approach to visiting in certain circumstances and would bring this to a forthcoming meeting.

Action: NPHET recommends the establishment of an expert independent panel (COVID-19 Nursing Home Expert Panel – examination of measures to 2021) which, through examination of the national response to COVID-19 as well as international measures and emerging best practice, will make recommendations to the Minister for Health by the end of June 2020 to ensure all protective COVID-19 response measures are planned for, in light of the expected ongoing COVID-19 risk for nursing homes over the next 6 to 18 months.

d) Review of mortality

DOH updated NPHET on ongoing work to develop a paper examining mortality rates in Ireland during the course of the COVID-19 pandemic, which includes examination of international approaches and a comparison of mortality rates between Ireland and other countries in the EU and internationally in relation to COVID-19 related deaths.

This paper was not yet complete, but initial analysis indicated that Ireland has robust processes in place for the reporting of COVID-19 related mortality, going further than many comparable countries in capturing not only lab-confirmed deaths but also possible and probable COVID-19 linked deaths. Notwithstanding this robust approach, Ireland's mortality rates appeared to compare favourably against international comparisons.

Examinations of indicators of all excess mortality in Ireland suggest that current reporting of COVID-19 deaths gives a complete picture of the mortality rates that Ireland is currently experiencing as a result of the pandemic. As part of the discussion, the work of HIQA in analysing deaths reported on www.rip.ie was noted and this further triangulation provided reassurance that there is no 'pocket' of unknown undocumented mortality. The analysis showed that the excess mortality is largely explained by COVID-19.

The NPHET was advised that further work was ongoing in relation to this paper with a view to finalisation.

5. Future Policy

a) Use of masks

(i) Proposal & (ii) Draft Guidance

Following on from the discussion at its meeting on 12th May, the NPHET considered a paper for decision regarding the use of barrier masks / face coverings by the general public. At the previous meeting on 12th May, the NPHET had considered that the wearing of face coverings in the community should not be mandatory.

The NPHET discussed the following matters:

- international approaches adopted to the use of face coverings, the precautionary principle and the available evidence in the area of face coverings as a public health measure;
- wearing of face coverings in certain settings, such as public transport, indoor public areas like retail outlets and shops;
- the critical importance of continuing to emphasise the public message that face coverings are only a supplementary measure and not a replacement for physical distancing, respiratory etiquette, hand hygiene etc.;
- ensuring effective communication of the recommendation to ensure key messages are relayed while avoiding a sense of obligation on, or stigmatisation of, those who may not be in a position to wear face coverings;
- ongoing work across Government with domestic and international manufacturers to ensure adequate supplies of face coverings, particularly as the public health social distancing measures ease in the different phases, and as public transport, retail and public places become busier.

The Chair of the EAG and the HPSC gave an overview of the draft HPSC guidance in relation to the wearing of face coverings in the community. It was clarified that face coverings would not be suitable for or tolerated by certain groups in society (e.g. children under 13 years, people with certain skin ailments, some people with dementia etc) and so it is essential that not wearing a mask does not lead

to stigmatisation. The NPHET acknowledged that the draft HPSC guidance provided appropriate easy-to-use and clear advice to the public on how to use face coverings and suggested some textual amendments to assist in improving the accessibility of the document for the public.

Action: The NPHET recommends that, where appropriate, members of the public use a face covering (i.e. a non-medical face covering) as an additional hygiene measure, when using busy public transport or when in enclosed indoor public areas such as retail outlets.

b) Review of Public Health Measures in preparation for 18 May

Noting its earlier discussion on the status of the disease and health service impact thereof, the NPHET now considered its advice to Government in relation to Phase 1 of the Government's "Roadmap for Reopening Society & Business". In this regard, following on from the discussions at the NPHET meeting on 12th May, DoH presented an updated draft paper on the "*Options for consideration by NPHET in relation to advising Government regarding the reduction of public health social distancing measures in preparation for 18 May 2020*". The paper had taken on board the inputs from NPHET members at the previous meeting.

The NPHET gave further consideration to the Phase 1 measures and discussed the following key points:

- in relation to the current 'stay at home' restriction, it was considered that for consistency of the public health rationale and messaging and regulatory policy approach particularly in Phase 1 as the initial phase of lifting of measures, the current 5km geographical area should be maintained;

- the importance of opening public amenities, such as parks, beaches, walks etc, especially in urban areas and for use by families was emphasised. It was noted that clarity should be provided that these can be used not just for exercise purposes, that people should avoid them if crowded, and that they should be accessed from within 5km of the home;

- as measures are lifted, the regulatory model will have to change with even greater emphasis on encouraging people to comply with the public health recommendations for the good of all,

- that the process of lifting measures is imperfect and that it is important to maintain a focus on the public health measures while having regard to the overall health, wellbeing and resilience needs of people in society.

With regard to children, the NPHET had a particular discussion on the impact that the current pandemic and consequent public health social distancing measures have had, over the last number of months, on children and families, especially those in urban and disadvantaged areas and children with special educational needs. The NPHET also noted the considerations of the EAG regarding children with special educational needs. The NPHET strongly supported giving further specific consideration to the needs of children and parents in the context of advising Government on options for the easing of restrictions, having regard to the public health risks for children and their families.

In providing its risk-based advice to Government regarding the reduction of public health social distancing measures as part of Phase 1 of the Government Roadmap, the NPHET highlighted the following:

- that it is impossible to predict with certainty what the future trajectory of the COVID-19 disease will be in Ireland, it was not possible to provide assurance that it is safe to reduce the public health social distancing measures and stricter measures may have to be reintroduced if a strong upsurge of infection were to occur at some point in the future;

- the importance of the continued enhancement of the HSE's sampling, testing, contact tracing, surveillance and reporting processes, with a particular focus on reinforcing the public health management of complex cases and clusters, especially among vulnerable populations;

- concern that workplaces have the potential to become foci for new clusters of infection as public health measures are eased and emphasised the need for employers, workers and relevant stakeholders to work together to promote adherence to public health guidance and advice appropriate to the relevant sector;

- a gradual, stepwise and incremental easing of some restrictions must be the way forward, on the proviso that there is a continued strong emphasis on the risks associated with same, the need for robust communication regarding the ongoing presence of the virus within the community and the consequent importance of individual and societal collective behaviours in preventing its resurgence;

- the need to continually review the epidemiologic trends and health system impact of COVID-19 such that any changes in the overall situation will be detected rapidly. As such, future recommendations and the timing of same would be subject to change based on the transmission patterns of the disease, the trajectory and velocity of change, and the evolving analysis of the impact of COVID-19 on health system capacity;

- its acknowledgment that there are other important considerations that Government will have in relation to the reduction of measures, such as social and economic considerations, while noting the potential effects of the current measures on the wider health and wellbeing of the population.

Having regard to the NPHET's epidemiological assessment under Agenda items 2 a), c) and d) and the above discussion in relation to the review of public health measures the following action was agreed:

Action: Having regard to current epidemiological situation, and latest national data set out in the report to Government as provided for in the *Roadmap for Reopening Society & Business*, the NPHET recommends that Government give consideration to the reduction of the public health social distancing measures currently in place, with effect from 18th May 2020, in accordance with Phase 1 of the *Roadmap* taking into account the further clarifications contained in the Appendix to the letter from the Chair of the NPHET to the Minister for Health dated 14th May 2020.

c) Travel Considerations

The NPHET noted a paper in relation to travel to Italy in the context of the continuing COVID-19 outbreak and agreed to support the changing of the security status in respect of Italy to 'avoid non-essential travel'.

d) Ad Hoc

There were no items under this agenda item at the meeting.

6. Communications Planning

NPHET was updated that communication plans have been put in place to ensure a coordinated approach in relation to any announcements that may be made by Government in relation to the reduction of public health social distancing measures.

7. Meeting Close

a) Agreed Actions

The key actions arising from the meeting were examined by the group, clarified and agreed.

b) AOB

There were no matters under this agenda item at the meeting

c) Date of Next Meeting

It was noted that the next meeting is scheduled to take place on Friday 22nd May 2020 at 10am via videoconference.